

P16UUV76339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 16 2015

T. SCOTT

SEP 16 2015

T. SCOTT



800289872978

800289872978
09/14/16--01014--005 **87.50

16 SEP 14 AM 10:30

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: All Living Things Travel Agency, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Shelby Bryce
Name (Printed or typed)

11404 Malbry Square Dr. #302
Address

Tampa, FL 33635
City, State & Zip

(229) 886-2868
Daytime Telephone number

ms.sbruce@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: All Living Things Travel Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11404 Mallory Square Dr. #302
Tampa, FL 33635

P.O. Box 340
Oldsmar, FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We are dedicated to providing
quality travel and relocation experiences for all living
things.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shelby Bryce, CEO

Name and Title: Michele Bryce, CFO

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

16 SEP 14 AM 10:30

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Shelby Bryce
Address: 11404 Mallory Square Dr. #302
Tampa, FL 33635

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Shelby Bryce
Address: 11404 Mallory Square Dr. #302
Tampa, FL 33635


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 7th, 2016. (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent 9/12/2016 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator 9/12/2016 Date